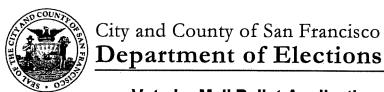
## **EXHIBIT J**to John Arntz Decl. ISO Opposition to PI Motion



John Arntz, Director

## Vote-by-Mail Ballot Application: June 7, 2016, Election

To mail a ballot to you, the Department of Elections must **receive** your completed application **by 5 p.m. on Tuesday, May**31. Deliver, mail, or fax the completed application to the address or fax number listed below.

This form is for voter use; it may not be reproduced or distributed by organizations.

Check one:		-					
<ul> <li>□ I want to vote by mail for this election only.</li> <li>□ I want to become a Permanent Vote-by-Mail Voter and have a ballot mailed to me for each election.</li> </ul>							
I have declined to disclose a vote-by-mail ballot of the: (ch	preference for a qual noose one)	ified political p	arty. However,	for this primar	y election only,	I request a	
☐ American Independe	□ American Independent Party		□ Democratic Party		□ Libertarian Party		
Note: If you do not request the ballot of one of these parties, your ballot will not include a contest for President.							
Optional: I want to receive	my ballot and other	election mater	ials in the follow	ving language,	in addition to E	inglish:	
□ 中文 (Chinese)	□ Español (Spani	ish) 🗆 Fi	ilipino 🗆 O	ther:			
Please print:							
					/		
Last Name	First Name	•	Middle Initial	Birth Date:	Month Day	Year	
				San Fr	rancisco, CA 94	.1	
Home Address (where you live; cannot be a P.O. box)						ZIP Code	
Mailing Address (where you	want your ballot to be	mailed, if diffe	erent from Hom	e Address abo	ve)	TOTAL TO	
City		S	tate	Country	710	or Postal Code	
·				•			
I have not and will not apply to information above is true and							
Applicant Signature (required)				Date			
Department of Elections Use:	naka kalan kana kaka kalan hari di di kalan kalan kanan yang yang sakapa yang di kalan di kalan di kalan di ka Kalan kanan ka				PMENNER HER MACHINICITE HOS IN COLOR TO SECURE		
Staff Initials:	als:Date:						
				***			